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Chapter 7 cpt coding workbook answers

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(TRUE or FALSE) 7. How many hours of critical care provided by the attending physician would be assigned code(s) for? 8. What category do SNFs, ICFs, and LTCFs fall under in CPT coding? 9. Which category would be used when reporting a visit to a patient residing in a boarding home? 10. From what category are services provided by a physician to patients in a private residence reported? 11. What code would you use for a phone call from the physician about recent lab test results? 12. For an 18-year-old scheduled to attend college, which codes would be assigned for a physical examination performed? 13. Assign code(s) for well-baby care of a 9-month-old including DTP and oral polio vaccines. 14. What preventive medicine service code would you assign to a 56-year-old established patient? A patient who was admitted on June 30th for observation services and discharged the same day requires a specific CPT coding. For another patient, code(s) need to be assigned due to critical care services lasting 210 minutes on July 15th, along with an inpatient comprehensive history and examination of high complexity. Moreover, a medical disability evaluation by a physician should have its corresponding code identified. Questions 25-29 ask for the E/M category and subcategory based on provided cases, such as a hospital admission, examination, and treatment initiation program for uncomplicated pneumonia, or an office consultation for systolic hypertension management. For Dr. Jones's patient with uncomplicated pneumonia: - CPT Category: Office or Other Outpatient Services - Subcategory: New Patient, Comprehensive Examination - Code: 99205 For Dr. Smith's patient managed with systolic hypertension and scheduled for prostate resection: - CPT Category: Office or Other Outpatient Services - Subcategory: Established Patient, Expanded Problem-Focused History - Code: 99214 Identify the correct code based on provided information. Dr. Choi cared for a healthy newborn patient during their second day of inpatient stay and evaluated them for any potential issues. Determine the corresponding CPT category _____ and CPT code _____. In questions 25–29, identify the E/M category and subcategory you would use to code each case presented. Each scenario includes key components of history, examination, and medical decision making, and requires assignment of the correct code based on that information. Dr. Lange saw an established patient in their office for recent syncopal attacks, conducting a comprehensive history and examination. Medical decision making was of high complexity. Determine the CPT category and subcategory _____ and appropriate CPT code _____. In questions 25–29, identify the E/M category and subcategory you would use to code each case presented. Dr. Doolittle conducted a follow-up hospital visit for a patient post-myocardial infarction who experienced frequent premature ventricular contractions on telemetry. They completed expanded problem-focused interval history and examination, with medical decision making of moderate complexity. The doctor coordinated care with the patient's providers and discussed the case with their immediate family. Identify the CPT category and subcategory _____ and appropriate CPT code _____. Use your CPT manual to assign procedure codes, adding relevant modifier(s). Procedure codes were assigned for procedures such as pneumocentesis; assistant surgeon reporting _____, electrodesiccation, basal cell carcinoma (1 cm), face _____, complicated bilateral repair of recurrent inguinal hernia _____, and biopsy of anorectal wall via proctosigmoidoscopy _____. **Procedure Codes and Modifiers** For the following medical procedures, use the CPT manual to assign procedure codes and add relevant modifiers: * For gynecomastia, bilateral mastectomies * Open reduction of right tibia/fibula shaft fracture with screw insertion * Excision of condylomata on the penis * Replacement of breast tissue expander with a permanent prosthesis * Closed reduction of clavicle fractures * Incision and drainage of infected bursa in the wrist * Cystourethroscopy with biopsy of the urinary bladder * Endoscopic right maxillary sinusotomy with partial polypectomy * Insertion of a non-tunneled Hickman catheter for short-term use (age 70) * Avulsion of four nail plates * Arthrography of the shoulder, including supervision and interpretation * Chest x-ray, frontal view, single image (professional component only) * Transabdominal ultrasound of a pregnant uterus in the first pregnancy, with real-time imaging and documentation for both fetal and maternal evaluation during the second trimester * Application of radioactive needles for an intracavitary uterine implantation at an intermediate level * Lipid panel blood test * Drug screen for opiates performed outside the laboratory * Hemogram (manual complete CBC) Procedure codes require a CPT manual reference for assignment, accompanied by the addition of relevant modifiers. Examples include: * Cervical cytopathology slides undergo manual screening under physician supervision. * Gross and microscopic examination of gallbladder tissue utilizes procedure codes from the CPT manual. * Complete echocardiography involving real-time imaging with M-mode recording necessitates reference to the CPT manual for code assignment. * Mumps vaccine immunization follows standard procedure, requiring CPT manual consultation for accurate coding. * Intermittent positive pressure breathing of a newborn involves specialized care, prompting use of procedure codes from the CPT manual. * Gait training sessions, particularly the initial 30 minutes, warrant consideration of relevant procedure codes from the CPT manual. * Medical psychoanalysis and treatment utilizing ultraviolet light for skin disorders necessitate reference to the CPT manual for accurate code assignment. * Chemotherapy administered via IV infusion technique over a period of 10 hours, including the use of a portable pump and refill, requires consultation with the CPT manual for procedure codes. * Combined right cardiac catheterization and retrograde left heart catheterization necessitates reference to the CPT manual for accurate code assignment. * Initial prenatal care visits prompt consideration of relevant procedure codes from the CPT manual. * Assessment of tobacco use and recording of vital signs also require consultation with the CPT manual for accurate code assignment. * Documentation and review of spirometry results necessitate reference to the CPT manual for procedure codes. * Prescription of inhaled bronchodilators for COPD patients follows standard medical procedures, but accurate coding requires consultation with the CPT manual. * Destruction of macular drusen via photocoagulation necessitates consideration of relevant procedure codes from the CPT manual. Procedure manuals guide coding for real-time video conferencing in critical care situations lasting approximately 45 minutes. This involves assigning relevant procedure and service codes, accompanied by necessary modifiers. Additionally, manuals will be consulted to code complex procedures such as islet cell transplantation through the portal vein using an open approach. Furthermore, laparoscopic surgery with gastric stimulation electrode implantation on the lesser curvature of the stomach for patients with morbid obesity requires accurate coding, including relevant procedure and service codes, along with modifier(s) as needed.